Application Data Sheet

Application Information

Filing Date:: 02/24/2004

Application Type:: Continuation

Subject Matter:: Utility

Suggested Group Art Unit:: None

CD-ROM or CD-R?:: None

Title:: RETROGRADE PLUNGER DELIVERY

SYSTEM

Attorney Docket Number:: 30-7012713001 (02-125 US02)

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figures:: 16

Total Drawing Sheets:: 9

Small Entity:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Stanley W.

Olson, Jr. Family Name::

San Ramon City of Residence::

State or Province of Residence:: CA

US **Country of Residence::**

6143 Lakeview Circle Street of mailing address::

San Ramon City of mailing address::

Country of mailing address:: US

State or Province of mailing address:: CA

Postal or Zip Code of mailing address: 94583

Applicant Authority type:: Inventor

Primary Citizenship Country:: US

Full Capacity Status::

Given Name:: Lex P.

Family Name:: Jansen

City of Residence:: Pleasanton

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 2237 Via Espada

City of mailing address:: Pleasanton

Country of mailing address:: US

CA State or Province of mailing address::

Postal or Zip Code of mailing address:: 94566

Applicant Authority type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Family Name:: Burns

City of Residence:: Boston

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 28 Saint Germain Street, #3

City of mailing address:: Boston

Country of mailing address:: US

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 02115

Correspondence Information

Name:: Bingham McCutchen, LLP

Street of mailing address:: Three Embarcadero, Suite 1800

City of mailing address:: San Francisco

Country of mailing address:: US

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 94111-4067

Telephone:: (650) 849-4400

Fax:: (650) 849-4800

Representative Information

Representative Customer Number:: 23639

Representative	Registration Number::	Name::	
Designation::		·	
Primary	37,104	David T. Burse	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing
			Date::
This Application	Continuation of	10/183,220	06/26/2002

Assignee Information

Name:: Scimed Life Systems, Inc.

Mailing Address:: One Scimed Place, Maple Grove, Minnesota

55311-1566